

**HEALTH CARE UNIT
PATIENT INFORMATION SLIP**

EASTville

INSTITUTION

Reed, Ernest Jr.

NAME

111914 W/m

NUMBER

R/S

Lay-in for _____ days from _____ to _____
(date) _____

due to _____

Inmate's Name: _____

(date) _____

Date of Birth: 11/21/

Bottom bunk post 15/8

Date: 2/

NO heavy lifting profile

This is to certify th

NO greater than 10 lbs. X

A.M.
P.M.

ently in

custody at the _____

Instructions: 16 mo. 2/4/04 - 8/4/04

accept the following t

using to

I acknowledge that
involved in refusing the
personnel, Prison Heal
action/refusal and I pe

the risks
Failure to follow the directions above may result in a disciplinary.

Rey

Date Issued

Ernest Reed

Signature

F-53

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

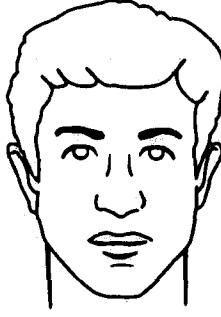
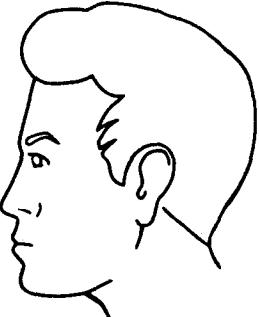
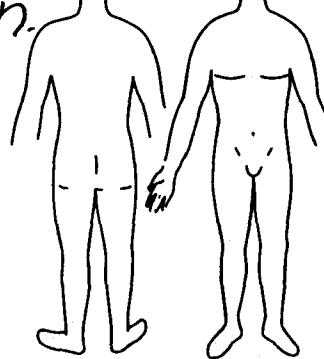
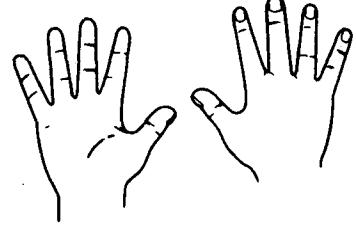


EMERGENCY

ADMISSION DATE 6/24/05	TIME 9:15 AM	ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>															
ALLERGIES NKA	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																	
VITAL SIGNS: TEMP 99.0	ORAL RECTAL	RESP. 20	PULSE 118 B/P 110, 80 RECHECK IF SYSTOLIC <100> 50															
NATURE OF INJURY OR ILLNESS S - DOC Body CHART u Q - At 0530. Escorted to HCU in handcuffs. Skin warm/dry. Resp even w/o labored. Reports to this nurse that during a fight w/ another inmate, he hit him w/ a can on a bench. Abrasion to (R) can be noted. Blush/red discoloration noted to tip of nose & left (L) side of nostril. Q further injuries noted. Inmate denies further injuries.		<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>		ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES										
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES														
PHYSICAL EXAMINATION P - Clean abrasion w/ Saline, apply dry dressing. Instructed inmate to keep abrasion dry & clean. Release to DOC																		
<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr><td colspan="3">X</td></tr> <tr><td colspan="3">X</td></tr> <tr><td colspan="3">X</td></tr> <tr><td colspan="3">X</td></tr> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	X			X			X			X		
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																
X																		
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X																		
X																		
DIAGNOSIS																		
INSTRUCTIONS TO PATIENT																		
DISCHARGE DATE 6/24/05		TIME 9:20 AM	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>															
NURSE'S SIGNATURE Suey LPN		DATE 6/24/05	PHYSICIAN'S SIGNATURE 															
INMATE NAME (LAST, FIRST, MIDDLE) Reed, Ernest		DATE 6/27/05	CONSULTATION															
		DOC# 111914	DOB 11/23/55	R/S W/M	FAC. ECF													



EMERGENCY

ADMISSION DATE 4 / 15 / 05	TIME 8:30 AM	ORIGINATING FACILITY □ SIR □ PDL □ ESCAPEE	Easterling	✓ SICK CALL □ EMERGENCY □ OUTPATIENT
ALLERGIES NKDA	WT 215	CONDITION ON ADMISSION □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA		
VITAL SIGNS: TEMP 98.7	ORAL RECTAL	RESP. 20	PULSE 80	B/P 122/70 RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS <i>I feel like I have the flu. I have a bad headache.</i>		ABRASION //	CONTUSION #	BURN XX XX
		FRACTURE Z	Z	LACERATION / SUTURES
		  PROFILE RIGHT OR LEFT		
		  RIGHT OR LEFT		
PHYSICAL EXAMINATION <i>No acute distress noted.</i>				
<i>A-aet in comfort</i>				
<i>P See orders Increase fluids as tolerated</i>		ORDERS / MEDICATIONS / IV FLUIDS <i>Tylenol 1 gram BID X 7 days CTM 1/2 BID X 7 days Sudafed 1/2 BID X 7 days V.O. Darbeuge 1/2 hour pm.</i>		
DIAGNOSIS		X		
INSTRUCTIONS TO PATIENT <i>As above.</i>				
DISCHARGE DATE 4/15/05	TIME 8:30 AM	RELEASE / TRANSFERRED TO □ DOC □ AMBULANCE □	CONDITION ON DISCHARGE □ SATISFACTORY □ POOR □ FAIR □ CRITICAL	
NURSE'S SIGNATURE J. Scottyn	DATE 4/15/05	PHYSICIAN'S SIGNATURE	DATE 4/18/05	CONSULTATION
PATIENT NAME (LAST, FIRST, MIDDLE) Reed Earnest		DOC#	DOB	R/S
		111914	11-23-55	W/m ECF



EMERGENCY

ECF

ADMISSION DATE 9/27/04	TIME 1440 AM	ORIGINATING FACILITY ECF	<input checked="" type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT			
ALLERGIES NKDA	WT 205	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP 97.4	ORAL RECTAL	RESP. 20	PULSE 76 B/P 120,60	RECHECK IF SYSTOLIC <100> 50		
NATURE OF INJURY OR ILLNESS SI woke up last night with a fever and sore throat. Sneezing, Coughing, nasal congestion.		ABRASION // /	CONTUSION #	BURN XX XX	FRACTURE Z	LACERATION / SUTURES
O-WLM CTOK3. Skin warm & dry to touch. Resp even & unlabored. Bilateral lung sounds clear. C/O Coughing, sore throat when swallowing & nasal congestion.		<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>				
PHYSICAL EXAMINATION Slight redness noted to throat. & swelling of glands in neck. No acute distress noted.		<p>ORDERS / MEDICATIONS / IV FLUIDS</p> <p>Acetaminophen 1gram BID X 5 days, error Sudafed 60mg - BID X 3 days Motrin 600mg - BID X 5 days Glutamine Syrup 2tsp BID X 3 days Vo Dr. Don't Bounce 1/28/04 tbs</p>				
Pain in comfort						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT As above						
DISCHARGE DATE 9/27/04	TIME 5:00 PM	RELEASE / TRANSFERRED TO	<input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE Sutton	DATE 9/27/04	PHYSICIAN'S SIGNATURE Reed, Ernest	DATE 9/27/04	CONSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE) Reed, Ernest			DOC# 111914	DOB 11/23/55	R/S W/m	FAC. ECF



EMERGENCY

ADMISSION DATE 4/12/04	TIME 5:30 AM	ORIGINATING FACILITY Fasterling	<input type="checkbox"/> Sick Call <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																							
ALLERGIES NKDA	WT 184	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																								
VITAL SIGNS: TEMP 98.6	ORAL RECTAL	RESP. 20	PULSE 92	B/P 140/80	RECHECK IF SYSTOLIC <100> 50																					
NATURE OF INJURY OR ILLNESS S-II Doc bodychart	<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z</td> <td>LACERATION / SUTURES</td> </tr> </table>					ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z	LACERATION / SUTURES																
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z	LACERATION / SUTURES																						
O-Bm to HCU. A+Ox3. Skin warm & dry to touch. Resp even & unlabored. No injuries noted. Denies any other injuries. No acute distress noted. No CO detected.	<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>																									
PHYSICAL EXAMINATION I-Mc bodychart P-Release to Doc. RTG prn.	<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr> <td colspan="3">scribbled area</td> </tr> </table>					ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	scribbled area			scribbled area			scribbled area			scribbled area			scribbled area			scribbled area		
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INSTRUCTIONS TO PATIENT As above																										
DISCHARGE DATE 4/12/04	TIME 5:30 AM	RELEASE TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																							
NURSE'S SIGNATURE Scottyn	DATE 4/12/04	PHYSICIAN'S SIGNATURE Dr. P. S. 9-13-04	DATE 9-13-04	CONSULTATION																						
INMATE NAME (LAST, FIRST, MIDDLE) Reese Edward	DOC# 190031	DOB 7-26-78	R/S B/m	FAC. ECF																						



INFIRMARY NURSING PROGRESS NOTES

INMATE NAME (LAST, FIRST, MIDDLE) <i>Reed Ernest</i>	DOC# 111914	DOB 11/23/83	R/S Wm	FAC. <i>Baker</i>
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PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 9/19/05 Time: 8:30 Facility: ECF

Check all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE: 49 year old male with known DM, HTN, and CAD. On 90% Help C

OBJECTIVE: BP 110/72 HR 70 RR 16 Temp 97.8 Wt 200 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds,

Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT,

Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

HR 85 BPM

HEENT well oxygenated

Cx neg

ABD soft w/o hepatomegaly

ABD soft w/o hepatomegaly

CVS

ABD soft w/o hepatomegaly
CVS neg
ABD soft w/o hepatomegaly
CVS neg

EXT GENC @ ① Slight elevation in B/P

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's

Visit. Degree of Control: G=Good, F=Fair, P=Poor

Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control						
G	F	P	G	F	P	G
I	S	W	I	S	W	I
Status						
I	S	W	I	S	W	I

PLAN: Repeat DP II fasting

Renew Zantac 150 mg 1 po DID X 180 days res

F/U: Routine 90 days: Other _____

Problem List Updated: Yes

No

PT Flu. w/ PT Hygiene

PT TLC for Better

I legal corp

Physician/NP/PA

09/01/05

Breed, Ernest
NAME

M

GENDER

W

RACE

111914

AIS#

11/03/55

DOB

PRISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 9/19/05 Time: 8:30 Facility: ECFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 101/72 P 70 R 14 T 97.8 O₂ Sat 96%
SUBJECTIVE: Hep C

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: _____ Dates: _____

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: _____ Dates: _____

For seizure patients, list the # of witnessed seizures since the last CIC visits: _____ Dates: _____

ALLERGIES: NKDA CURRENT DIET: Reg -MEDICATIONS: See below

DESCRIBE MED AND DIET ADHERANCE: _____

DESCRIBE ANY MED SIDE EFFECTS: _____

VACCINES: Flu _____ Pneumovax _____ Hep A _____ Hep B _____

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month. _____

(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c _____ on _____; CD4 & HIV-RNA _____ / _____ on _____;
Peak Flow _____: LFTs _____ on _____; Serum Drug Levels _____ on _____; EKG 11/05; CXR _____

Medications:

Zantac(P)
9/19/05

Patient Educated on:

Inmate Signature Earnest ReedNurses Signature and Title S Bushman -Reed, Ernest

NAME

M

GENDER

W

RACE

11/19/04

AIS

11/23/55

DOB



DEPARTMENT OF CORRECTIONS
NURSE'S
CHRONIC CARE CLINIC
SPECIAL NEEDS

DATE	TIME		DATE ORDERED	TIME ORDERED	
02/17/05	1:31 pm	S: 30 DAY CHRONIC CARE CLINIC O: VS T 97.1 P 68 R 16 BP 118/80 WT 215			ALLERGIES RCA
					P: LABS G
					ORDERS: G
					MEDICATION: G
					F/U CCC WITH NURSE EVERY 90 DAYS.
					F/U CCC WITH MD EVERY 90 DAYS.
		Earnest Reed			SIGNATURE: Oleah

INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
Reed, Garrett	1/23/55	49	Wm	111914

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 7/7/05 Time: 8am Facility: Easterling

Check all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE: rfp Hep E
Abd GI S.

OBJECTIVE: BP 120/72 HR 68 RR 18 Temp 96² Wt 211 Peak Flow 100

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds,

Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT,
Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

Head, vs

Htn/HTN, faint, acute -

CV: LTA

ABD: non

SGOT: 22

SGPT: 22

GOT: 18

HR: 68

RR: 18

Bil: 1.3

CV: Left Hemiplegia

RR: 18

Fhr: 15

ABD: 21

3.6

0.9

143

3.9

4.1

Neuro: -

RR: 18

3.9

4.1

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM		HTN/CARD		SZ		PUL		ID		GI		OTHER	
Degree of Control													
G	F	P	G	F	P	G	F	P	G	F	P	G	F
Status	Status												
I	S	W	I	S	W	I	S	W	I	S	W	I	S
I	S	W	I	S	W	I	S	W	I	S	W	I	S
I	S	W	I	S	W	I	S	W	I	S	W	I	S

PLAN: Inferior abd pain of duration
No hep indurated.

F/U: Routine 90 days: Other 6 Monthy

Problem List Updated: Yes No

A MD

Physician/NP/PA

Reed Earnest
NAME

M
GENDER

W
RACE

111914
AIS#

11/23/55
DOB

DEPARTMENT OF CORRECTIONS
NURSE'S
CHRONIC CARE CLINIC
SPECIAL NEEDS

DATE	TIME		DATE ORDERED	TIME ORDERED	
02/17/05	1:31 pm	S: 30 DAY CHRONIC CARE CLINIC O: VS T ^{97.1} P ⁶⁸ R ¹⁶ BP ^{118/80} WT ²¹⁵			ALLERGIES RCA
		D abdominal pain D rash NO N/V/B CVA, B/S/C Skin W/D			P: LABS G
					ORDERS: G
					MEDICATION: G
					F/U CCC WITH NURSE EVERY 90 DAYS.
					F/U CCC WITH MD EVERY 90 DAYS.
		Earnest Reed			SIGNATURE: Reed

INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
Reed, Garnet	1/23/55	49	Wm	111914



PHYSICIANS' ORDERS

NAME:		DIAGNOSIS (If Chg'd)
D.O.B. / /		
ALLERGIES:		
Use Last	Date	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:		DIAGNOSIS (If Chg'd)
D.O.B. / /		
ALLERGIES:		
Use Fourth	Date	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Reed Ernest D.O.B. 11/23/55 ALLERGIES: NKDA		DIAGNOSIS (If Chg'd) M.26 long upper teeth - missing finded soft Diet x 90 days Bengay Bid raw x 14 days Penngycare ff to Bid raw x 30 days <i>Noteed 1/19/05 Reynolds RSP</i>
Use Third	Date 1/17/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Reed Ernest # 111914 D.O.B. 11/23/55 ALLERGIES: NKDA		DIAGNOSIS (If Chg'd) <i>Gerd</i> . Zantac + x 90 days Bid
Use Second	Date 9/23/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Reed Ernest 111914 D.O.B. 11/23/55 ALLERGIES: NKDA		DIAGNOSIS <i>Hypc +</i> Zantac 100mg + po Bid X 180 days DP II fastag 100mg SB
Use First	Date 9/19/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME: Reed Ernest

D.O.B. 11/23/55

ALLERGIES: NKDA

Use Last Date 11/10/04

DIAGNOSIS (If Chg'd)

Abd. binder for ventral hernia to keep
bottom back, no prolonged standing, no heavy
lifting, ~~no~~ ~~no~~ ~~no~~ lifting & a month

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Reed Ernest

111914

D.O.B. 11/23/55

ALLERGIES: NKDA

Use Fourth Date 9/27/04

DIAGNOSIS (If Chg'd)

Sudafed 100mg : BID X 5 days
Motrin 600mg : BID X 5 days
Guaifenesin Syrup 2 TSP BID
X 3 days

VO Dr. Barboza 1/31/04

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Reed Ernest

D.O.B. 11/23/55

ALLERGIES: NKDA

Use Third Date 11/3/04 10AM

DIAGNOSIS (If Chg'd)

HbA1c -

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Reed Ernest

111914

D.O.B. 11/23/55

ALLERGIES: NKDA

Use Second Date 7/10/04

DIAGNOSIS (If Chg'd)

Abd. binder BID (fasting and after meal) X 3 days
Abd. binder for hernia to keep
bottom back, no prolonged standing, no heavy
lifting & 6 months - side profile X 30 days

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Reed Ernest

D.O.B. 11/23/55

ALLERGIES: NKDA

Use First Date 6/13/04 11AM

DIAGNOSIS

- Diagnostic prof. II before appt.

 GENERIC SUBSTITUTION IS NOT PERMITTED